

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-family: cursive;">10657135</div>		Filing Date	
				Applicant(s)			
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep							
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\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep			4			
Total Depend			2			
Total Claims			6			

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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